

Department of Natural Resources

MICHAEL R. STYLER Executive Director

Division of State Parks & Recreation

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Dear Parent:

Thank you for considering Camp Floyd State Park's history camp for your child. Our Camp theme is "Exploring life with Johnston's Army". They will be conducted from 9:00 a.m. to 4:00 p.m. each day during the five dates listed in the packet.

The camp will give your child a fun-filled learning experience with many hands-on activities. We look forward to confirming your reservation for this entertaining, educational experience. You can reserve space by paying the \$75 registration fee via phone, mail or in person.

Enclosed are registration materials for the 2009 history camp. The application, permission sheet, medical history and photo release forms must be completed and returned to us at least one month prior to the camp of your choice. Enrollment cannot be confirmed until we receive these forms with the \$75 registration fee. You will receive an email confirmation upon the receipt of application materials. Each camp is limited to 24 participants.

Campers will be released to return home each night with furlough papers. We will provide carpooling contacts with other camp participants. Please indicate on the registration form if you would like to participate in carpooling. Campers will also need to bring a lunch each day.

We will need YOU, as the parent, to write your child a short letter and INCLUDE it with your application material. This letter will be delivered to your child by Pony Express on the second day of the camp.

We invite you and your family to the park on the last day of the camp at 2:00 p.m., to watch your child use the camp skills learned to engage in a mock battle. After the battle, you are encouraged to tour the Camp Floyd Museum and Stagecoach Inn with your child.

This unique living history experience is sure to enhance your child's love and appreciation of history. If you have any question, please call us at 801-768-8932. We hope your child will join us for our history camps in 2009.

Best Regards,

James Seikel Outreach Program Specialist

CAMP FLOYD STATE PARK 2009 HISTORY CAMP

Exploring life with Johnston's Army (ages 8-11)

History camp is a fun-filled educational experience about how soldiers lived during the Utah and Civil Wars – at home, in the camp and on the battlefield – and how the Wars changed people's lives. The program instills team spirit and an appreciation of why teamwork and camaraderie are important to achieving success. Campers will receive a 2009 history camp tee shirt, Union or Confederate kepi, replica rifle, canteen, haversack, harmonica and more.

Examples of Camp Activities

Life before joining the military – Experience the life of a typical American in 1857; meet costumed interpreters and learn about early education in a one-room schoolhouse. Work on a chalk slate, read from a McGuffy Reader, play games such as hoops, graces, marbles, cup & ball, jacks and more.

Soldiers Camp – Join the Army. Meet costumed interpreters and learn about a soldier's equipment and camp life. See a rifle musket fired. Drill like soldiers with a replica rifle. Play camp games like chuck-a-luck and tug-o-war. Watch costumed interpreters fire a cannon and participate in a cannon firing role-play.

Set up a Civil War soldier camp - Erect tents and live, work and play 19th century games.

Craft Activities – Make and take home items such as a replica Civil War rifle cartridge, corps badges, wagon model and more.

Battle – Conduct a full-scale military exercise, using all of the skills learned during camp; from breaking camp to charging the enemy.

Experience the History of Camp Floyd – Enjoy the fascinating exhibits and displays on the life of a soldier at the Camp Floyd Museum. Tour the Stagecoach Inn constructed next to the camp for passengers traveling by stagecoach.

SUMMER HISTORY CAMP APPLICATION

Camp Floyd State Park will be offering history camps, Exploring life with Johnston's Army, during the summer of 2009. The camp is designed for children between eight (8) years of age through eleven (11) years of age, and will last from 9:00 a.m. to 4:00 p.m. each day. The cost is \$75 for the three-day session. Payment can be made by check (made out to Camp Floyd State Park) or credit card. (Visa, MasterCard, American Express.) The payment covers registration, materials, equipment, snacks, etc.

Name of Child:	Child's Birthdate:			
Check One: Boy Gir	rl			
Name of Parent / Guardian:				
Address of Parent /Guardian	n:			
Email Address:				
Daytime Phone Number of l	Parent / Guardian:			
Signature of Parent / Guardi	ian:			
Has your child attended Car If yes, what years did they a	mp Floyd's History Camp in the Past? YesNoattend? (Check all that apply) 2006 2007 2008			
Are you interested in car pooling with other camper's in your area? Yes No				
Child's T-Shirt size Sma	all Medium Large X-Large			
Date of History Camps:	June 4 – 6 June 18 – 20 July 7 – 9 July 21 – 23 August 6 – 8			
First Choice	Second Choice Third Choice			
CC#	Name on card:			
Expiration Date: /	Signature			

MEDICAL HISTORY

Please print or type

Child's Name	
Allergies:	
Will your child need to take medication	while he/she is in the park? Yes No
Medical or dietary regimen to be follows	ed (please attach specific information if necessary):
I hereby authorize and request Camp Flotreatment for my child should the need a	byd State Park to secure necessary emergency care and urise.
Our family physician is: Doctor's n	name or name of practice & telephone number
	e in all program activities. If he/she appears to be ill, I have listed any restrictions, allergies, or medications to
Person to be notified IF parent / guardian	n cannot be reached:
Name:	Relationship:
Phone: ()	<u> </u>
Signature of Parent / Guardian:	Date:

PHOTO RELEASE

I hereby consent to the use and reproduction by Camp Floyd State Park of my child's photographic image for future publications while attending the 2009 Camp Floyd State Park history camp.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images will become the exclusive property of Camp Floyd State Park and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Check ONE of the following AND fill out the information below:				
I AGREE to the terms above:				
I DO NOT AGREE to the terms above:				
Date:				
Child's Name:				
Parent / Guardian Signature:				
Parent / Guardian Printed Name:				
Address:				
City:S	tate:	Zip:		

PERMISSION AND INFORMED CONSENT AGREEMENT FOR THE "EXPLORING LIFE WITH JOHNSTON'S ARMY" PROGRAM AT CAMP FLOYD STATE PARK

I acknowledge that I have been informed that my child or ward will be given an opportunity to experience life as it was in America and in the Utah Territory in 1857. He or she will have the opportunity to learn what it was like to go to school in a one room school house, to meet and talk with costumed interpreters about life in 1857 and to play games and participate in activities typical of the time period. I further understand that he or she will have an opportunity to experience what life was like for a soldier in 1857. For example he or she will help to set up camp tents, perform a military drill with a replica (nonfunctional) rifle, watch costumed interpreters fire a cannon and participate in a mock cannon firing. The culmination of the activities will be a mock battle in which he or she will have an opportunity to participate in the battle along with the members of the Utah Civil War Association. He or she will also have the opportunity to participate in arts and crafts projects as part of this program.

I acknowledge that I am fully responsible for the transportation of my child to and from Camp Floyd each day and that the State of Utah and its subdivisions assume no responsibility for my child or ward's transportation.

I understand that there are specific policies, procedures and rules that govern my child or ward's activities while at Camp Floyd and while participating in the program. I recognize that violation of these rules may result in my child or ward being excluded from participation in program and loss of his or her tuition. I acknowledge that I have discussed the various rules with him or her and that he or she is willing to abide by the rules.

I recognize that as part of these activities my child or ward will be exposed to the wind, dust, insects and possibly their bites or stings, water, dust, pollen and other environmental conditions. I further recognize that there are natural and manmade hazards, obstacles, environmental conditions and other risks which in combination with the actions of my child or ward or other children may cause injury to him / her. I acknowledge that I am aware of these and other unstated risks associated with this program.

I recognize that the activities of this class may involve physical activities and may cause my child or ward physical / emotional discomfort. I state that to be best of my knowledge my child or ward is free from any known heart, lung or other serious health problems that could prevent him or her from participating in the activities associated with these programs. I further state that he or she is sufficiently physically fit to participate in the activities associated with the program. I have completed the attached medical form.

CONSENT

Consent is expressly given, in the event of injury, for any first aid or emergency treatment deemed necessary by competent medical personnel.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE AFORE GOING LANGUAGE AND I SPECIALLY INTEND IT TO COVER THE PARTICIPATION OF MY CHILD / WARD IN THE "EXPLORING LIFE WITH JOHNSTON'S ARMY" PROGRAM AT CAMP FLOYD STATE PARK DURING THE SUMMER OF 2009.

Child's Name:	
Parent's or Legal Guardian's Signature:	
Date:	
Opportunity t	to Fire a Musket
from a musket of the time period covered in the and ear protection and will be under the superv	Il be given the opportunity to fire a blank round is program. Participants will be provided with eye vision of a knowledgeable individual the whole you as the parent or guardian of the above named this portion of the program please sign the
I, the parent or guardian, ofround from a period musket as part of this prog	authorize my child or ward to fire a blank gram.
Signature of Parent or Guardian	Date